



Indiana Legal Services, Inc. Military Assistance Project Veteran Eviction Avoidance Project (VEAP) Referral Form

The Veterans' Eviction Avoidance Project (EAP) is a project of Indiana Legal Services Military Assistance Project through a grant from the Indiana Department of Veterans Affairs designed to work with community partners to provide vulnerable clients legal representation to avoid evictions. All applicants must be at risk of eviction, either threatened or where judicial action has been filed and is pending. Applicants must be veterans who received either an Honorable Discharge or a General Under Honorable Conditions Discharge. ***The VEAP is available to all eligible veterans who reside in any county in Indiana.*** For additional information, please refer to the VEAP FAQs that were distributed with this form.

Veteran Service Providers may make direct referrals to the VEAP in one of two ways:

1. Complete this referral form and submit it to the VEAP either by emailing the form to polli.pollem@ilsa.net or by sending the form to our office by facsimile at (317) 631-9775, ATTN: MAP VEAP.
2. Complete an abbreviated **online referral** at:
https://ilsoi.legalserver.org/modules/matter/extern_intake.php?pid=132&h=f0baaf&.

Referring Agency: _____

Name of Person Making Referral: _____

Phone: (____) _____ **Email: _____

Applicant (Leaseholder) FULL Name: _____ DOB: _____

Applicant Address (including zip code): _____

Applicant Phone: (____) _____ **Applicant Email: _____

Are there any other adults (over 18 years) in the household? Yes ____ No ____

- If yes, are the additional household member over 18 on the lease? Yes ____ No ____

For the following applicant information, either submit a copy of the Applicant's DD Form 214, or answer the following:

Wartime Veteran: Yes ____ No ____ Peacetime Service: Yes ____ No ____

Combat Awards (See DD Form 214) Yes ____ No ____

Service-Connected Disability: Yes ____ No ____

Characterization of Service: Honorable ____ General ____ Other: _____

Landlord Name: _____

Landlord Address (including zip code): _____

Landlord Phone: (____) _____ **Landlord Email: _____

Has there been an eviction proceeding filed in Court yet? Yes ____ No or Unsure ____

- If yes, what is the Cause #? _____
- If yes, is the landlord represented by an attorney? Yes ____ No or Unsure ____
- If yes, please provide the name and contact information for the landlord's attorney:

If no eviction proceeding has been filed, has the applicant received anything in writing from the landlord?

Yes ____ No ____ If Yes, please attach a copy of the correspondence to this form.

Does the applicant have a copy of the written lease agreement? Yes ____ No ____ If yes, please attach a copy of the lease.

Is the proceeding because of non-payment of rent? Yes ____ No ____

- If no, why does the landlord want to evict? _____
- If yes, how far behind are is the applicant on rent? Number of months _____ Amount behind \$ _____
- Has the applicant applied for rental assistance? Yes ____ No ____
 - If yes, which organizations has the applicant applied for assistance with?

 - If yes, was the applicant denied assistance? Yes ____ No ____
 - If yes, please attach a copy of the applications for rental assistance.
- Has the applicant filed a Tenant's Declaration under the CDC Eviction Moratorium with their Landlord?
Yes ____ No ____
 - If yes, what date did you provide this to your Landlord: _____ Please attach a copy of the Declaration.

DISCLOSURES (To be signed by applicant in TWO places)

This is a referral form designed to refer your case to the Indiana Legal Services Veterans' Eviction Avoidance Project (VEAP). **Nothing in this form is guaranteed to result in future legal representation, service(s), outcome(s), undertaking(s), legal advice, or other legal relationship.** All referrals are subject to availability, resources, and other limitations on service. I understand that an ILS attorney or paralegal may contact me immediately upon receipt of this referral, and that before or after that attorney contact, I may be contacted by other staff from ILS to collect additional information to support my referral and request for services.

By signing below, I acknowledge that I have read and understand the above statements.

X _____
Applicant Signature

DATE: _____

I hereby declare, by signing below, that I am a citizen of the United States of America.

X _____
Applicant Signature

DATE: _____

ADDITIONAL CASE INFORMATION

Please tell us anything else we need to know about the case and situation.